

Quality Improvement Report

Report Highlights:

- Recent research related to patients living with asthma, including:
- Effects of smoking and secondhand smoke;
- Team-based care; and
- The impact of multiple chronic conditions in addition to asthma.
- Program updates and upcoming educational opportunities.

Montana Asthma Control Program

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News

Please be aware that **Medicaid Expansion** in Montana was approved by the federal government. Learn more at:

healthcare.mt.gov

Asthma codes for ICD-10 are more specific than they were in ICD-9, and allow for asthma to be coded with mild, moderate, and severe as descriptors. Learn more by clicking here to use a resource developed by the AAAAI. For a reminder of how to classify a patient's asthma severity, please review the EPR-3 Guidelines Quick Reference Guide or contact the MACP for information about receiving an educational presentation, approved for CE, in your facility at asthmainfo@mt.gov.

Research Updates

Grandmothers Smoking

European Lung Foundation. (2015). Grandmother's smoking habits increase asthma risk in grandchildren [Press release]. Retrieved from http://www.eurekalert.org/pub_releases/2015-09/elf-gsh092515.php.

Researchers used data taken from the Swedish Registry that included 44,853 grandmothers from 1982 to 1986 to investigate whether grandmothers who smoked while they were pregnant with their daughters were linked with an increased risk of asthma in grandchildren. The results found that the risk of asthma in grandchildren was increased by 10 to 22%, even if the children's own mothers hadn't smoked in their pregnancy.

Secondhand Smoke (SHS)

Wang, Z., May, S.M., Charoenlap, S., Pyle, R...& Joshi, A.Y. (2015). Effects of secondhand smoke exposure on asthma morbidity and health care utilization in children: a systematic review and meta-analysis. *Annals of Allergy, Asthma, & Immunology, 115* (5), 396-401.

The objective of this study was to systematically review asthma severity and health care use from SHS exposure in children. A total of 1,945 studies were identified, 25 of which met the inclusion criteria. Children with asthma and SHS exposure were twice as likely to be hospitalized for asthma than children with asthma and no SHS exposure. SHS exposure was significantly associated with ED and urgent care visits, wheezing, and lower ratio of FEV1 to FVC.



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Improving Patient Care

Continuity of Care

Note: The EPR-3 Guidelines recommend asthma self-management education (which includes key educational messages regarding basic facts about asthma, the role of medications, and patient skills) should involve all members of the care team and occur at all points of patient care.

Guénette, L., Breton, M., Grégoire, J., Jobin, M...& Moisan, J. (2015). Effectiveness of an asthma integrated care program on asthma control and adherence to inhaled corticosteroids. *Journal of Asthma*, 52 (6), 638-645.

An integrated care program for individuals with asthma from 12 to 45 years of age was assessed after 12 months of implementation using a pragmatic controlled clinical trial design. Participants with either uncontrolled or mild-to-severe asthma in Quebec, Canada were recruited by 42 community pharmacists. One group was exposed to the program while the other received usual care. At 12 months, asthma

Team-based care is being increasingly emphasized as a component of quality healthcare. Do you currently utilize team members such as:

- School nurses?
- Home visiting nurses?
- Pharmacists?
- Certified asthma educators (AE-Cs)?
- Asthma specialists?

control had increased in both groups. Improvement in adherence was significant for the group exposed to the program. Researchers concluded that patient adherence to ICS can improve when healthcare professionals collaborate.

Utilizing Technology

How are you using the tools at your disposal to better manage patient care? Consider the following examples:

- The Association of Clinicians for the Underserved spearheaded the development of <u>this issue brief</u>, which
 outlines key considerations for how to <u>facilitate referrals</u> to home visiting programs using <u>clinical decision</u>
 <u>support tools</u> within the Electronic Health Record.
- Use Electronic Health Records to improve healthcare quality and patient outcomes by generating lists of patients
 with asthma to schedule visits, prompt clinicians when patients with asthma need preventive care, screenings, or
 immunizations, encourage clinician compliance with guidelines, better manage asthma medications, and improve
 sharing of education resources. Learn more about working with EHRs to improve care and achieve meaningful
 use specifically for patients living with asthma by going to HealthIT.gov.
- A new app from the Allergy & Asthma Network called "Asthma Storylines" can be downloaded for free on iOS and Android devices, and can also be accessed through desktop computer and mobile device browsers. It is a self-care tool that can create a shareable record of your patient's experience living with asthma between visits with their healthcare team. Learn more about Asthma Storylines here, and find out about other available asthma apps and how to help patients use them safely with the Montana Asthma Control Program's brochure.

Some chronic conditions, like asthma, can be heavily affected by Adverse Childhood Experiences (ACEs). Learn more about ACEs, how they can influence the health of your patients, and what is being done in Montana to address this issue at:

http://www.cdc.gov/violenceprevention/acestudy/ and http://www.elevatemontana.org/.

Managing Multiple Chronic Conditions (MCCs)

Note: The EPR-3 Guidelines suggest that asthma control could improve by identifying and treating comorbid conditions that may impede asthma management.

Adults with Asthma and MCCs

Janevic, M.R., Ellis, K.R., Sanders, G.M., Nelson, B.W., & Clark, N.M. (2014). Self-management of multiple chronic conditions among African American women with asthma: A qualitative study. *Journal of Asthma*, *51* (3), 243-252.

In-depth interviews were conducted with 25 women with persistent asthma and diabetes, heart disease, or arthritis. Ultimately, participants reported an average of 5.7 comorbidities. Less than half of participants considered asthma to be their main health concern due to the following beliefs: lack of controllability, lack of predictability, and the severity of their condition. Participants reported that their asthma often takes a "backseat" to other conditions perceived to be more worrisome. Mood problems that participants associated with their comorbidities reduced motivation for proper asthma self-management. Participants also described the ways in which poorly controlled asthma affects their ability to manage their comorbidities, for example by participating in recommended exercise. However, participants felt that self-management recommendations like physical activity and controlling weight could be beneficial across all of their conditions.

In order to improve care for people living with MCCs, the US Department of Health and Human Services facilitated the development of a **toolkit to provide training** to educators and healthcare professionals on treating MCCs.

Learn more here.

Learn more about the resources available in your communities for treating MCCs from the **Chronic Disease Prevention and Health Promotion Bureau** in MT DPHHS, including a downloadable guide and an interactive map, here.

Children with Asthma and MCCs

Patel, MR., Leo, H.L., Baptist, A.P., Cao, Y., & Brown, R.W. (2015). Asthma outcomes in children and adolescents with multiple morbidities: Findings from the National Health Interview Survey. *The Journal of Allergy and Clinical Immunology*, 135 (6), 1444-1449.

Researchers examined prevalence and distribution of 9 chronic conditions in children and adolescents with and without asthma, as well as adverse asthma outcomes associated with having MCCs. Five percent of children with asthma had 1 or more coexisting health conditions, and the children with asthma were more likely to have MCCs than the children with a chronic condition other than asthma. With each chronic condition in addition to asthma there was a greater likelihood of an asthma attack, all-cause emergency department visits, and missed school days.



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Upcoming Events

Montana Asthma Control Program Winter Webinar: Providing Standardized Asthma Patient Education February 11, 2016 (Online)

For more information, please email Anna von Gohren at avongohren@mt.gov

Big Sky Pulmonary Conference

February 25-27, 2016
Fairmont Hot Springs
For more information, please email Jessie Fernandes at jfernandes@mt.gov

Review Course for Certified Asthma Educator Exam

May 20-21, 2016 Bozeman, MT

For more information, please email Anna von Gohren at avongohren@mt.gov

**PLEASE NOTE: There are some changes to becoming a Certified Asthma Educator. If your AE-C has lapsed, you can now prove your CE credits and pay a late fee! Visit www.naecb.com to learn more.

Contact the MACP to utilize our **lending library** of study materials and **connect with a mentor** to prepare for the exam review course in May 2016, and ask about a **scholarship** to take the exam after attending the course.

PROGRAM UPDATES

Congratulations to two of the MACP's staff, BJ Biskupiak and Luke Baertlein, who were chosen to receive the Montana Association of School Nurse's Alice Armstrong School Nurse Advocacy Award for 2015. Way to go, Luke and BJ!

Contact Anna with the MACP about applying for a grant to support a quality improvement project in your healthcare facility to impact your patients living with asthma.

Learn more about mini-grants for school nurses or certified asthma educators to help kids with asthma at the MACP website:

> http://dphhs.mt.gov/Asthma/ asthmafriendlyschools/ schoolminigrants.aspx

Online Resources

dphhs.mt.gov/asthma

- Montana Asthma Control Program State Asthma Plan and Strategic Evaluation Plan
- Reports on the burden of asthma and environmental asthma triggers in Montana
- Archived asthma-related webinars with free CEUs
- Archived surveillance reports on asthma-related subjects
- Resources for health care facilities, asthma educators, schools and school nurses, coaches, day care providers, and people living with asthma